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## APPLICANTS

Raymond F. Ryan, Wilmington, NC;

John H. McNally, Oak Island, NC;

## \*\* CONTINUING DATA \*\*\*\*\*

*MWE*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*MWE*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	1	17	3
Verified and Acknowledged	<i>MW</i> Examiner's Signature	Initials			

## ADDRESS

25184  
 WILLIAM J. MASON  
 MACCORD MASON PLLC  
 POST OFFICE BOX 1489  
 WRIGHTSVILLE BEACH , NC  
 28480

## TITLE

Biological safety cabinet

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